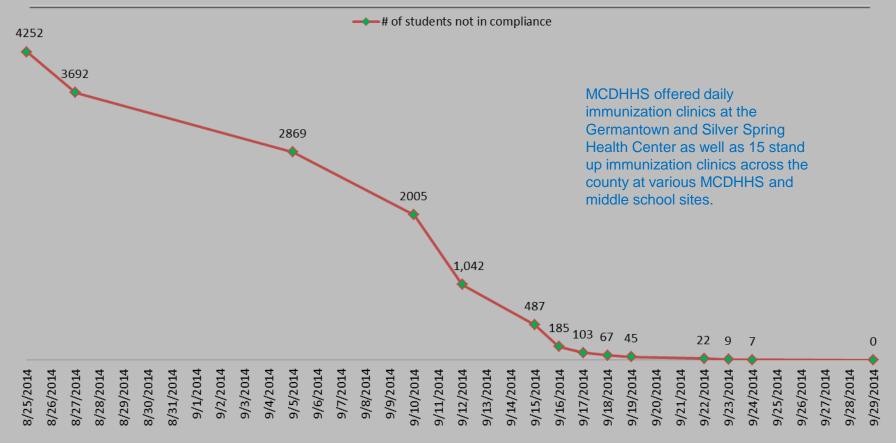
Montgomery County Department of Health and Human Services

BOARD OF HEALTH PRESENTATION

Ulder J. Tillman, MD, MPH Health Officer and Chief Public Health Services October 14, 2014



August, 2014 - 7th Grade Enrollment = 11,001 in 38 middle schools





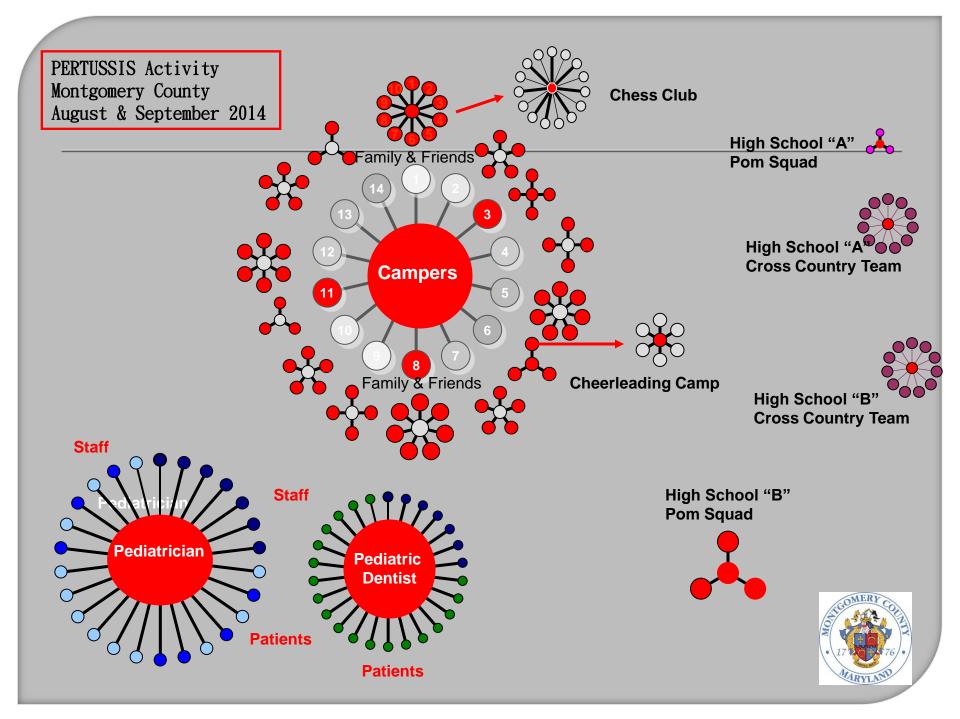
International Student Admissions Office School Health Services Center

- Increased Numbers: July 1- Sept 12, 2014 (10 weeks) 4,500 students seen: 4,291 immunizations and 1,598 PPDs planted & read (double from the previous year)
- Solution:
 - Increase hours of operation:
 - Evening hours (4PM-9PM) were offered on Sept 2, 3, 4, 5, 9, 10 and 11, 2014.
 - Increase staffing for all clinic sessions:
 - Increased staffing From August 22 through Sept 18, there were approximately 5-6
 SCHNs and 4 SHRTs during hours of operation.
 - Need for bilingual staff support:
 - Additional need for translators on every shift provided by DHHS staff from Public Health Services and Children, Youth, & Families, as well as Latino Health Initiative health promoters.
- Collaboration and coordination: There were more than 75 additional MCDHHS staff or LHI health promoters who provided 1700+ hours of support for these services at ISAO.

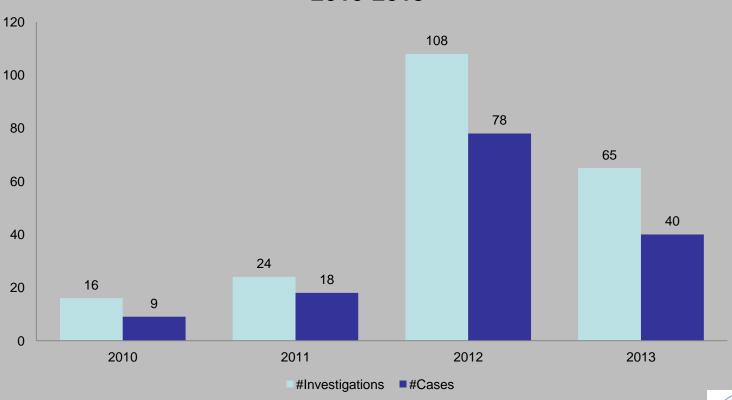
Pertussis







Montgomery County DHHS Pertussis Activity 2010-2013





Enterovirus -D68





How common is EV-D68 in the US?

- Enterovirus circulates every year across the U.S. and different strains of enteroviruses can be common in different years.
- Small numbers have been reported to the CDC regularly since 1987
- This year has shown a much greater increase than previous years.
- As of October 10, 2014, there has been a total of 691 confirmed cases in 46 states and the District of Columbia.

EV-D68 Treatment

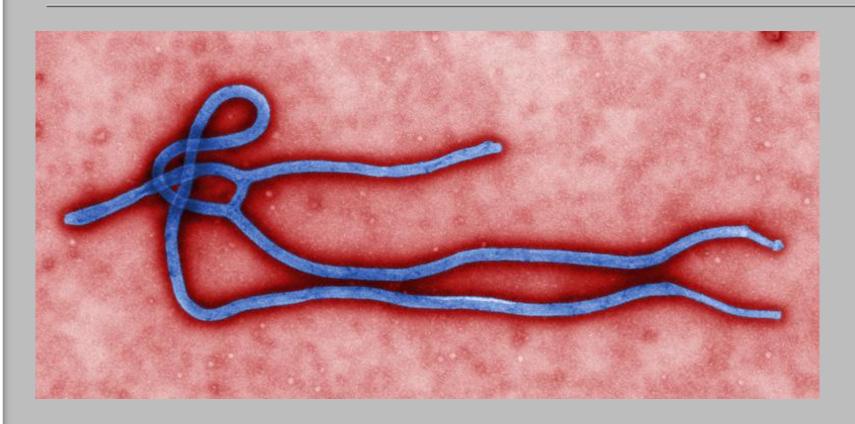
- There is no cure and no vaccine
- There is no specific treatment for EV-D68 infection. People with mild illness typically only need symptom treatment and usually recover completely. However, some illnesses caused by EV-D68 can be severe enough to require hospitalization and initial reports show possible link to limb weakness and paralysis in a few cases.
- EV-D68 has been detected in specimens from six patients who died and had samples submitted for testing.

What is being done about EV-D68?

- Almost all of the confirmed cases this year have been found in children.
- Medical providers should immediately report to local health department patients 21 years of age or younger with:
 - Acute onset of focal limb weakness occurring on or after August 1, 2014, AND
 - An MRI showing a spinal cord lesion restricted to gray matter
- Maryland DHMH determines whether testing is indicated.



Ebola





What You Need to Know about Ebola

The 2014 Ebola epidemic is the largest in history

The outbreak is affecting multiple countries in West Africa and CDC has confirmed the first travel-associated case of Ebola to be diagnosed in the United States. About half the people who have gotten Ebola in this outbreak have died.

Although the risk of Ebola spreading in the United States is very low, CDC and its partners are taking actions to prevent this from happening.





A person infected with Ebola can't spread the disease until symptoms appear

The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever (higher than 101.5°F) and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.

Ebola is spread through direct contact with blood and body fluids

Ebola is spread through **direct contact** (through broken skin or mucous membranes) with

- Blood and body fluids (like urine, feces, saliva, vomit, sweat, and semen) of a person who is sick with Ebola.
- Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.

Ebola is **not** spread through the air, water, or food.

Protect yourself against Ebola

There is no FDA-approved vaccine available for Ebola. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness.

To protect yourself from Ebola

- DO wash your hands often with soap and water or use an alcohol-based hand sanitizer.
- Do NOT touch the blood or body fluids (like urine, feces, saliva, vomit, sweat, and semen) of people who are sick.
- Do NOT handle items that may have come in contact with a sick person's blood or body fluids, like clothes, bedding, needles, or medical equipment.
- Do NOT touch the body of someone who has died of Ebola.







"We recognize that even a single case of Ebola in the United States seems threatening, but the simple truth is that we do know how to stop the spread of Ebola between people." – Beth Bell, MD, MPH, Director of the National Center for Emerging and Zoonotic Infectious Diseases

What to do if you are exposed to Ebola

If you have traveled to an area with an Ebola outbreak or had close contact with a person sick with Ebola, you may be at risk if you

- Had direct contact with blood or body fluids or items that came into contact with blood or body fluids from a person with Ebola.
- Touched bats or nonhuman primates (like apes or monkeys) or blood, fluids, or raw meat prepared from these animals.
- Went into hospitals where Ebola patients were being treated and had close contact with the patients.
- · Touched the body of a person who died of Ebola.

You should check for signs and symptoms of Ebola for 21 days

- Take your temperature every morning and evening.
- Watch for other Ebola symptoms, like severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bleeding or bruising.
- Call your doctor even if you do not have symptoms. The doctor can evaluate your exposure level and any symptoms and consult with public health authorities to determine if actions are needed.

During the time that you are watching for signs and symptoms, you can continue your normal activities, including going to work.

If you get sick after you come back from an area with an Ebola outbreak

- Get medical care right away if you have a fever (higher than 101.5°F), severe headache, muscle pain, vomiting, diarrhea, stomach pain, or unexplained bruising or bleeding.
- Tell your doctor about your recent travel to West Africa or contact with a person who was sick with Ebola and your symptoms **BEFORE** you go to the doctor's office or emergency room. Calling before you go to your doctor's office or emergency room will help the doctor or emergency room care for you and protect other people who may be in the office or emergency room.



What is Montgomery County doing to prepare?

- Montgomery County launched an Ebola Preparedness website on October 7, 2014.
- Engagement with MC 311 and development of an Ebola Knowledge-based Article (KBA)
- Outreach to hospitals regarding public information sharing during the Ebola response.
- Actively participating in planning meetings with the Maryland Department of Health & Mental Hygiene (DHMH) on:
 - Laboratory testing of prospective patients and high risk exposures
 - Notification of at-risk exposures and prospective Ebola patients
 - Guidance on clinical encounters with prospective Ebola patients

What is Montgomery County doing to prepare?

- Maintains personal protective equipment (PPE) for public health responders and trains staff on public health emergency response activities.
- Meetings with local partners, including MCDHHS, MCFRS, OEMHS, and hospitals to discuss both organizational and countywide challenges.
- Planning and exercising core public health activities, including contact tracing and outbreak investigation, quarantine, isolation and deployment of Strategic National Stockpile (SNS) assets.

Summary

- Ebola is a potentially lethal disease for which there are few treatment options.
- There have not been any cases of Ebola in Montgomery County, Maryland or the National Capital Region (NCR).
- While Ebola is a terrible disease, the mechanisms for transmission are well understood and can be mitigated through proper infection control.
- Montgomery County is actively planning for Ebola in close consultation with local, state and regional partners.

2013 Youth Tobacco and Risk Behavior Survey

Montgomery County Results





Youth Risk Behavior Surveillance System (YRBSS)

SURVEY CONTENTS

- Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—
 - Behaviors that contribute to unintentional injuries and violence
 - Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
 - Alcohol and other drug use
 - Tobacco use
 - Unhealthy dietary behaviors
 - Inadequate physical activity
- YRBSS also measures the prevalence of obesity and asthma

SURVEY ADMINISTRATION

- Administered Every Two Years by US Centers for Disease Control & Prevention (CDC)
- YRBSS includes a national schoolbased survey conducted by CDC and state, territorial, tribal, and conducted by state, territorial, and local education and health agencies and tribal governments.
- Maryland Participation Started in 2005; County-Level Results Started in 2013
- June 2014 DHMH Released State/County 2013 Results (Tables/Charts)
- September 2014 DHMH Released 2013
 Data Set to MCDHHS/MC CCCYF/MCPS



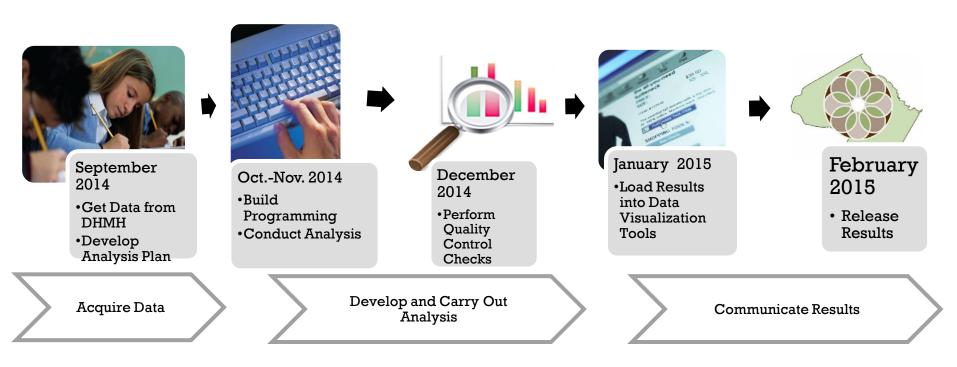
2013 Montgomery County YRBS Analysis of Results

- Analysis underway to inform planning by addressing which issues did Montgomery County have:
 - Better/worse results than U.S., Maryland?
 - Meet/not meet Healthy People 2020 or Maryland State Health Improvement Process Targets?
 - Disparities or inequities between comparison groups (gender, age, race, ethnicity)?
 - Results that warrant deeper exploration of cooccurring risks through other behaviors or conditions that would better inform strategies, interventions, or best practices?



Timeline to Complete Analysis of the Montgomery County 2013 YRBS Results

Once process is established, the analysis of future years will be processed in a much shorter time period...







2013 Maryland Youth Risk Behavior Survey HIGH SCHOOL Results for Montgomery County

Summary on Weight Status



Interpreting Data & Results

Status of Measure compared to Maryland State Health Improvement Process (MD SHIP) and Healthy People 2020 (HP2020) Benchmark Targets Healthy MontgomeryCore Measures arelabeled:

Measure

Priority Area-SpecificMeasures are labeled:

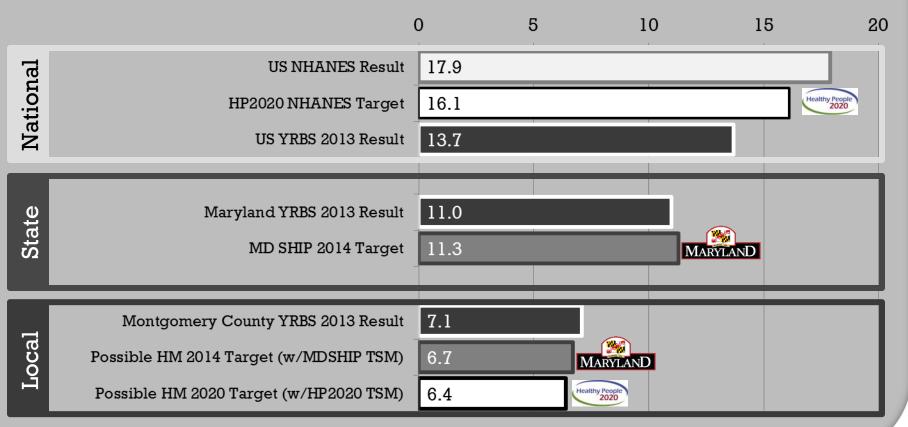


MD SHIP Target: **MET** HP2020 Target: **N/A**

Obesity Benchmark Summary

Percent of adolescent high school students with age/gender specific BMI at or above the 95th Percentile or Higher, 2013

2013 YRBS - Percent HS Students that are Obese



MD YRBS Table for construct named QNOWT in 2013 Tables of Results - Weighted Data - Based on reference data from the 2000 CDC Growth Charts. *Non-Hispanic.

Overweight and Obese High School Students

Summary of key findings based on comparisons to Maryland and US Targets and evaluation of disparities/inequities within specific subgroups

US

Montgomery County has almost half the percent of obese students compared to US

Montgomery County meets HP2020 Target at baseline MD

Montgomery County has onethird fewer obese students than Maryland overall

Montgomery County meets MD SHIP Target at baseline Disparities and/or Inequities

Hispanic or Latino Students

Black or African American Students

12th Grade

Males





Public Health Accreditation

- Senior Administrator for Public Health Policy, Accreditation, and Legislation position filled in January, 2014.
 - This position was given the responsibilities of the Accreditation

 Coordinator to move Public Health Accreditation forward in Montgomery

 County.
 - Accreditation Coordinator has completed the Public Health Accreditation Board (PHAB) online orientation.
- The PHAB Readiness Assessments are underway and various tasks have been initiated to get Montgomery County ready.
 - The MCDHHS Strategic Plan is nearly complete and will be used for the PHAB application.
 - A Community Health Needs Assessment, in partnership with Healthy
 Montgomery, is in the planning phase and will begin in December, 2014.
- PHAB Statement of Intent to be submitted in January, 2015.
- Estimated date of PHAB application submission is August, 2015.

